

ARREST / NOTICE TO APPEAR

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias

1 JUVENILE

OBTS Number: _____

Agency ORI Number: **0500200** Agency Name: **Boca Raton Police Department** Agency Report Number (N.T.A.'s only): **3 | 2 | 2018-009007**

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

If Weapon Seized: _____ Enter Type: **None/not Applicable** Multiple Clearance Indicator: **N**

Location of Arrest (Including Name of Business): **3000 N MILITARY TRL BOCA RATON FL** Location of Offense (Business Name, Address): **3000 N MILITARY TRL BOCA RATON, FL 33431**

Date of Arrest: **07/05/2018** Time of Arrest: **01:54** Booking Date: **07/05/2018** Booking Time: **02:04** Jail Date: **// : :** Jail Time: _____ Location of Vehicle: **EMERALD TOWING**

Name (Last, First, Middle): **MOLER, JANE ANNE** Alias: _____

Race: **W** (White) 1. American Indian 2. Black 3. Other Sex: **F** Date of Birth: **08/27/1997** Height: **4'11** Weight: **120** Eye Color: **BLUE** Hair Color: **BLONDE** Complexion: **LIGHT** Build: **Small**

Marital Status: **S** Religion: **CHRISTIAN** Indication of Alcohol Influence: Yes No Unk.

Local Address (Street, Apt. Number): **6930 PALMETTO CIRCLE SOUTH 208, BOCA RATON, FL 33433** Phone: **(203) 671-6092**

Permanent Address (Street, Apt. Number): **6930 PALMETTO CIRCLE SOUTH 208, BOCA RATON, FL 33433** Phone: **(203) 671-6092** Address Source: **SUBJ**

Business Address (Name, Street): **DUFFYS, BOCA RATON** Phone: _____ Occupation: **Hostess**

D/L Number, State: **088538598 / CT** Soc. Sec. Number: _____ DNS Number: _____ Place of Birth (City, State): **NEW HAVEN, CT.** Citizenship: **US**

Co-Defendant Name (Last, First, Middle): _____ Race: _____ Sex: _____ Date of Birth: _____ 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Co-Defendant Name (Last, First, Middle): _____ Race: _____ Sex: _____ Date of Birth: _____ 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Name (Last, First, Middle): _____ Residence Phone: _____

Address (Street, Apt. Number): _____ (City) (State) (Zip) Business Phone: _____

Notified by: (Name) _____ Date _____ Time _____

Released To: (Name) _____ Relationship _____ Date _____ Time _____

JUVENILE DISPOSITION: 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated

The above address was provided by defendant and/or defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.

Property Crime? Yes No Description of Property _____ Value of Property _____

Drug Activity: **S** Sell **R** Sell **K** Distribute **M** Manufacture/Produce/Cultivate **Z** Other

Drug Type: **N** N/A **A** Amphetamines **B** Barbiturates **C** Cocaine **E** Heroin **H** Hallucinogen **M** Marijuana **O** Opium/Deriv. **P** Peripherals/Equipment **S** Synthetic **U** Unknown **Z** Other

Charge Description: **DUI** Statute Violation Number: **316.193(1)** Violation of ORD #: _____

Drug Activity: **N** Drug Type: **N** Amount / Unit: **/** Offense #: _____ Counts: **1** Domestic Violence: Y N Warrant / Capias Number: _____ Bond: _____

Charge Description: **POSSESS MARIJUANA (LESS THAN 20G)** Statute Violation Number: **893.13(6B)** Violation of ORD #: _____

Drug Activity: **P** Drug Type: **M** Amount / Unit: **1.30 / GM** Offense #: _____ Counts: **1** Domestic Violence: Y N Warrant / Capias Number: _____ Bond: _____

Charge Description: **POSSESSION OF PARAPHERNALIA (USE)** Statute Violation Number: **893.147(1B)** Violation of ORD #: _____

Drug Activity: **P** Drug Type: **S** Amount / Unit: **3.00 / EA** Offense #: _____ Counts: **3** Domestic Violence: Y N Warrant / Capias Number: _____ Bond: _____

Health / Apparent Physical Condition of Defendant: **GOOD** Any knowledge of the following: Mental Escape Risk Medication Deformities Injuries Explain: _____

Check which applies: Released O.R. Released to Parent/Guardian T.O.T. County Jail Posted Bond South County Mental Health

PROPERTY - Received By: **SAAVEDRA** Released By: **SAAVEDRA** Released To: **PBCJ**

Transported By: _____ Date Transported: _____ Time Transported: _____ Other: _____

INSTRUCTION NO. 1 - Mandatory appearance in court INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): **South County 200 W Atlantic Ave Delray Beach, FL 33444** Court Date and Time: **08/06/2018 08:30:00**

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian): _____ Date Signed: **7/5/18**

No Photo Available

HOLD for Other Agency: _____ Signature of Arresting Officer: _____ Name Verification (Printed by Arrestee): _____

Dangerous Resisted Arrest Suicidal Other

Name of Arresting Officer (Print): **SAAVEDRA, A.** LD #: **777** (PRINT)

Transporting Officer: **SAAVEDRA** LD #: **777** Agency: **BRPD**

Witness here if subject signed with an "X": _____

PAGE 1 OF 1

PROBABLE CAUSE AFFIDAVIT

1. Arrest
2. N.T.A.
3. Request for Warrant
4. Request for Capias

1 JUVENILE

A D M I N	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2018-009007	
	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	

D E F	Name (Last, First, Middle) MOLER, JANE ANNE			Race W	Sex F	Date of Birth 08/27/1997
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C H A R G E S	Charge Description 316.193(1) DUI	Charge Description 893.13(6B) POSSESS MARIJUANA (LESS THAN 20G)
	Charge Description 893.147(1B) POSSESSION OF PARAPHERNALIA (USE)	Charge Description

V I C T I M	Victim's Name (Last, First, Middle) STATE OF FLORIDA,			Race	Sex	Date of Birth
	Local Address (Street, Apt. Number) 100 NW 2ND AVE, BOCA RATON, FL 33432			Phone (561) -	Address Source	
	Business Address (Name, Street) 100 NW 2ND AVE, BOCA RATON, FL 33432			Phone (56) -	Occupation	

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.

The Person taken into custody...

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 5 day of July, 2018 at 01:54 (Specifically include facts constituting cause for arrest.)

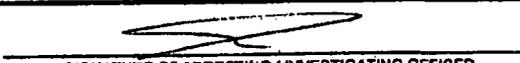
On 07/05/2018, at 0122 hours, I responded 3000 N Military Trail, as a backup officer for Officer Coon's traffic stop. Upon arrival, Officer Coon informed me she stopped a red 2010 Dodge Grand Caravan bearing CT tag 8APKH6, for a tag light violation. Officer Coon advised that she believed the driver, who was later identified by her CT DL as Jane Moler, appeared to be impaired. I then took over the investigation.

I approached the driver side of the vehicle and started speaking with Moler. She stated she was picking up her friend and was taking him back home. According to Moler, her friend lives in Delray Beach. As I was speaking with Moler, I was able to smell a strong odor of an alcoholic beverage emitting from her breath. Her eyes were red and glassy and her speech was slurred. I then asked Moler to step out of the vehicle, which she did. As she was stepping out she used her driver door for balance. I then asked Moler if she had anything to drink tonight and she stated no. Moler then change her statement and advised she had two beers around 1400 hours. I then explained my observations to Moler and before I could finish what I was saying, Moler stated that she had just smoke marijuana approximately 30 minutes prior to the traffic stop. Moler then stated that she was driving impaired. As I continued talking to Moler, the odor of an alcoholic beverage emitting from her breath became stronger. I then asked Moler if she would consent to perform some field sobriety task, which she refused. I then explained Moler her Taylor Warnings, and she stated she understood. I then asked Moler again if she would perform some field sobriety task and she agreed. I asked Moler if she had any injuries or if she was taking any medication and she stated no.

I explained and demonstrated each task to Moler before she performed them.

The first task was the Horizontal Gaze Nystagmus. While performing the task, Moler showed equal pupil size and no resting nystagmus. Moler had lack of smooth pursuit and distinct and sustained nystagmus at maximum deviation for both eyes. Moler was swaying

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
	GRAHAM, KEITH T		SAAVEDRA ALONSO (777)	
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		NAME OF OFFICER (PLEASE PRINT)	
	<u>07/05/2018</u> DATE		<u>07/05/2018</u> DATE	

OBTS Number Agency ORI Number FL 0500200	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Citias	1	JUVENILE
Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 312 2018-009007			
Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other			Special Notes:		
Name (Last, First, Middle) MOLER, JANE ANNE				Race W	Sex F
				Date of Birth 08/27/1997	
A D M I N I S T R A T I V E	<p>side to side while performing the task.</p> <p>The second task was the Walk and Turn. Moler started the task twice prior to being given any instructions. She took at total of 7 steps the first time and a total of 5 steps the second time. Moler had a hard time following my instructions while maintaining the starting position. She would placed her right foot in front of her left and continue placing her feet side to side, unlike she was instructed. While performing the task, Moler swayed side to side and took 10 steps forward and then stopped. I then asked her if she completed the task and she stated yes.</p> <p>The third task was the One Leg Stand. As I was explaining the task, Moler continue jumping up and down and stated that she suffers from anxiety. I then asked her to relax and if she would like to continue with the field sobriety task, which she stated yes. While performing the task, she was swaying side to side. She did not count as she was instructed. She dropped her foot at 15 seconds and started arguing that this was ridiculous and pointless. It should be noted that she never continue with this task. I then again asked her if she would like to continue performing the field sobriety tasks and she stated yes.</p> <p>The fourth task was the Finger to Nose. The sequence is as following (L-R-L-R-R-L). While performing the task, she was slightly swaying side to side. L- Missed the tip of her nose and touched right under it. She held her finger for approximately 2 seconds. R- Missed the tip of her nose and touched her left nostril. L- Missed the tip of her nose and touched right under it. R- Missed the tip of her nose and touched right under it. R- She lifted her left arm up halfway prior to correcting herself. She then missed the tip of her nose and touched right under it. L- Missed the tip of her nose and touched right under it.</p> <p>The fifth task was the Rhomberg Alphabet. While performing this task, she was slightly swaying side to side. She had no issues reciting the alphabet.</p> <p>At 0154 hours, I placed Jane Moler under arrest for DUI per F.S.S. 316.193(1). Officer Coon conducted an inventory search of the vehicle. Officer Coon discovered approximately 8 empty Busch (12 oz) beer cans in the middle section of the minivan. Officer Coon also located a small pink bag in between the two front seats. Inside of the bag she located a Ziploc bag containing a green leafy substance, which she believed to be marijuana. Officer Coon also located inside the bag a metal grinder, a yellow grinder and a purple and black glass pipe with marijuana residue in it. Officer Coon tested the marijuana with a onetime marijuana check kit, which tested positive by turning purple. The marijuana had a total weight of 1.3gm. See Officer Coon's supplement for further.</p> <p>She was transported to Boca Raton Police Department for processing. Prior to</p>				
P R O B A B L E	SWORN AND SUBSCRIBED BEFORE ME				
C A U S E	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) GRAHAM, KEITH T 07/05/2018 /DATE		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  SAAVEDRA, ALONSO (777) NAME OF OFFICER (PLEASE PRINT) 07/05/2018 DATE		
S T A T E M E N T	#710				
A D M I N I S T R A T I V E					PAGE 2 OF 3

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

1. Arrest
2. N.T.A.
3. Request for Warrant
4. Request for Capias

1 JUVENILE

OBTS Number	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2018-009007
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				Special Notes:

Name (Last, First, Middle) MOLER, JANE ANNE	Alias	Race W	Sex F	Date of Birth 08/27/1997
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initiating the Intoxilyzer Testing, I read Moler her constitutional rights from a BRPD Miranda Warning card. I then asked Moler, who did the marijuana belonged to and she stated it was hers and her friends. I then asked her who did the grinders and the glass pipe belonged to and she stated it was her friend's, however, she knew the grinder and glass pipe were inside the vehicle. Moler was additionally charged with possession of marijuana per F.S.S. 893.13(6B), and three counts possession of paraphernalia per F.S.S. 893.147(1B).

Officer Murphy conducted the Intoxilyzer Testing. I then asked Moler to provide us with a breath sample, which she refused. I then read her Implied Consent. Moler stated she understood. I then asked Moler again to provide us with a breath sample, which she refused. At 0249 hours, Moler was issued a refusal. Moler was given a court date of 08/06/2018. The vehicle was towed to Emerald Towing. The video was classified as evidence.

SWORN AND SUBSCRIBED BEFORE ME <u>GRAHAM, KEITH T</u> #1714 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>07/05/2018</u> DATE	<u>[Signature]</u> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <u>SAAVEDRA, ALONSO (777)</u> NAME OF OFFICER (PLEASE PRINT) <u>07/05/2018</u> DATE	PAGE 3 OF 3
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NOT A CERTIFIED COPY

Case#: 2018-009007
OBY: 0223
1015: 0154

DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT
100 NW 2nd Avenue
Boca Raton, FL 33432

ARRESTING OFFICER: Saavedra

Name: Saavedra Phone # _____ Work # 561-338-1234

Address: 100 NW 2nd Ave Boca Raton FL 33432

Can testify to: investigation

Name: Coon Phone # _____ Work # "

Address: "

Can testify to: "

Name: Murphy Phone # _____ Work # "

Address: "

Can testify to: booking

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2018-009007

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Thursday, JULY, 5, 2018.
(day) (month) (date) (year)

B. The time is now approximately 0246 (AM/PM).

C. The following is in reference to case number 2018-009007.

D. Present at this time is De Scavedra, Murphy of the Boca Raton Police Department.
(Officer's Name)

E. Officer Scavedra, have you arrested Jane Moler in violation of
Florida State Statute 316.193? (Defendant's name)

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? YES

G. Mr./Mrs./(Ms) Moler, I am required to inform you these
proceedings are being video recorded.

Operator Note: Video record breath request, breath sample, and interview.

NOT A CERTIFIED COPY

II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.

Note: Read only the paragraph applicable to the type of test you are requesting.

- X2 (A) I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.
- B. I am now requesting that you submit to a lawful test of your URINE for the purpose of determining its alcohol content.
- C. I am now requesting that you submit to a lawful test of your BLOOD for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

IMPLIED CONSENT WARNINGS

Note: Read only if the subject does not comply with your request.

X1 I am ORC Saavedra of the BRPD

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine, or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

Subject Signature: on video

Note: Also read for CDL holders:

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

Note: After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time Mr./Mrs. Ms. Males has refused to submit to a breath test.

The date is July (month), 5 (day), 2018 (year), and the time is 249 (AM/PM).

A refusal form will be completed by the arresting officer.

NOT A CERTIFIED COPY

Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions.
- (2) Any statement you make must be freely and voluntarily given.
- (3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning.
- (4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning.
- (5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
- (6) I can make no threats or promises to induce you to make a statement. This must be of your own free will.
- (7) Any statement can be and will be used against you in a court of law.
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: on video Date: 7-5-18 Time: on video

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? _____

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What city (county) were you stopped in? _____

What time did you start? _____ AM/PM What time is it now? _____

What is today's date? _____ What day of the week is it? _____

When did you last eat? _____ What did you eat? _____

What have you been doing the past three hours prior to this stop/accident? _____

How much do you weigh? _____ Have you been drinking? _____ What were you drinking? _____

How much? _____ Where? _____ With whom were you drinking? _____

When did you have your first drink? _____ AM/PM When did you stop drinking? _____ AM/PM

How did you consume your last two drinks? _____

Are you under the influence of alcohol now? Yes No

Can you feel the effects of alcohol? Yes No

Have you consumed alcohol since the accident? Yes No

Can you feel the effects of alcohol? Yes No

Have you consumed alcohol since the accident? Yes No How much? _____

What? _____ Where? _____

What line of work are you in? _____

When did you last work? _____

Do you have any physical defects or injuries? Yes No If yes, explain: _____

Are you sick or injured? Yes No If yes, explain: _____

Do you limp? Yes No Did you get a bump on the head? Yes No

Were you in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? Yes No Who? _____

Are you taking any prescription medications? Yes No What? _____ When? _____

Do you have: Epilepsy? Yes No Inner ear trouble? Yes No

Glass eye? Yes No Ear infection? Yes No

False teeth? Yes No Diabetes? Yes No

Any problems not correctable by glasses or contact lenses? _____

Do you take insulin? Yes No If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? _____

I am now ending this video recording. The time is now approximately 0253 (AM/PM).

The date is JULY (month), 5 (day), 2018 (year).

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, ORC Soavedra, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of BEPD, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 5 day of JULY, 20 18, at 0154 P.M. A.M.

DRIVER Jane Ann Moler
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# 088538598, state of CT, was placed under lawful arrest for

the offense of DUI by ORC Soavedra and
(Name of Arresting Officer)

issued Citation # A6LQ45E

That on or about the 5 day of JULY, 20 18, at 0748 P.M. A.M.

in Palm Beach County,

I requested that the driver submit to a breath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

[Signature]
Signature of Law Enforcement Officer or Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

The foregoing instrument was sworn and subscribed before me:

[Signature]
Signature of Attesting Officer

Title FS

Date 7-5-18

(AFFIX SEAL)
The foregoing instrument was sworn and subscribed before me this _____ day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification Notary Public _____

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: BOCA RATON PD
Instrument Serial Number: 80-006622 Software: 8100.27
Date of Test: 07/05/2018

Date of Last Agency Inspection: 06/15/2018
Observation Period Began: 02:23
Subject's Name: JANE A MOLER

DOB: 08/27/1997 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	02:50
	Air Blank	0.000	02:50
	Control Test	0.079	02:51
	Air Blank	0.000	02:51
	Subject Sample #1	REF*	02:51
	Air Blank	0.000	02:52
	Control Test	0.079	02:52
	Air Blank	0.000	02:53
	Diagnostics Check	OK	02:53

*Subject Test Refused

Cylinder Lot: 31517080A1
Exp: 01/05/2020

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who () is personally known to me or () produced _____ as identification, and who after being placed under oath, states:

I BRITTANIE J MURPHY, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: [Signature] 751 Date: 7-5-18
Signature

Sworn to (or affirmed) before me this 5 day of JULY, 2018
[Signature] Soavedra
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.



PALM BEACH COUNTY SHERIFF'S OFFICE
 Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential Informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected Information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018022264	Date: 7/5/2018
	Specialist Name/ID: WATSON/6665